



NATIONAL RESTORATION SYSTEMS

1500 Hicks Road • Suite 200 • Rolling Meadows, IL 60008
Phone (847) 483-7700 • Fax (847) 483-7701

July 10, 2012

Mr. Randy Powers
Lakeshore Plaza
445 E. Ohio Street
Chicago, IL 60611

Re 445 E. Ohio Sidewalk Repairs

Dear Randy,

Based on our inspection of the sunken sidewalk along the building north elevation, from the revolving door to the south, we do hereby propose to furnish all labor, materials, equipment, insurance, permits and supervision necessary to perform the following work:

Option 1

- 1) Remove the existing (12) concrete squares, where they have sunken at one side and have become a tripping hazard. Remove all debris. (Total area is 66' x 6.5').
- 2) Replace and compact new CA8 sub-grade, as necessary.
- 3) Place new 4,000 psi-strength concrete, finish to proper elevations and provide tooled control joints to match the existing.
- 4) Apply clear curing compound to new concrete.
- 5) Provide all necessary barricades, bonding protection and permits to perform the work.
- 6) Temporary sidewalk planter removal and replacement would be required for pedestrian traffic flow, but is not included in our scope of work.
- 7) The revolving door would be closed for 3 days.

Total Price: \$16,750.00
(Work will take 3 days to complete)

Option 2

Raise the 12 sunken concrete slab edges by means of Slabjacking. The work will include drilling 2" diameter holes through the slab, where it has sunken, spaced approximately 2 feet apart and pumping concrete mortar through the holes to completely fill the void beneath and raise the sunken sections of concrete to the proper elevations. Holes will be completely filled with concrete, flush with surrounding concrete surface.

Total Price: \$5,950.00
(Work will take 1 day to complete).

Please feel free to contact me if you have any questions or comments whatsoever.

Respectfully submitted,

National Restoration Systems

Ron Reagan
President

- WEEK OF 24TH
- PERMITS

- Option 2 only
- James D. Wall
Tripping Supervisor

+ CAULK JOINTS

66' +



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

FORM NO. CDPH.ROW.03

Notice is hereby given that the site you have requested a permit for is recorded with the City of Chicago Department of Public Health (CDPH) as potentially having environmental contamination on the site and adjacent right-of-way. This environmental contamination could present a threat to human health and safety in connection with work performed at the site, or in the adjacent right-of-way, if proper safeguards are not employed.

A file containing detailed information regarding the aforementioned environmental contamination is available for review at CDPH at 33 N. LaSalle St., Suite LL-120, Chicago, Illinois 60602 during normal business hours (8:30AM-4:30PM, Monday through Friday). Contact (312) 744-3152 for an appointment. This file must be reviewed and the remainder of this form completed before the permit can be issued if the ground is exposed or excavated. Please note that for some locations, additional health and safety procedures may be required by law.

Please complete the following:

I have reviewed and understand the documents, maintained by CDPH, regarding environmental contamination of the site and adjacent right-of-way. Further, I will ensure that all work at the subject site and adjacent right-of-way, and any monitoring required including but not limited to radiation monitoring, will be performed in a manner that is protective of human health and the environment and in compliance with all applicable local, state, and federal laws, rules, and regulations, especially those pertaining to worker safety and waste management. I will ensure that the results of any radiation monitoring and/or surveying conducted shall be provided to the CDPH and the United States Environmental Protection Agency within two (2) weeks of their completion. If any elevated levels of radioactive material are detected, I will immediately contact the United States Environmental Protection Agency at (800) 424-8802.

Applicant Name (print): RON REAGAN Signature: [Signature]

Site Address and Work Location (Describe exact site location and attach map): 445 E. OHIO ST.

SIDEWALK 2 NORTH ELEVATION

Nature of Work: SLAB JACKING & TRIPPING HAZARDS AND CAULKING JOINTS

Company Name, Address, Phone No.: NATIONAL RESTORATION SYSTEMS 1500 DICKS RD.

General / Prime Contractor Name, Address, Phone No.: SUITE 200, TOLLING MEADOWS, IL 60008
Include subcontractor information if applicable

Safety Officer / Phone No. STEVE DIEWIADOMSKI - 847-483-7700

Radiation Contractor / Phone No. (if applicable) STS CONSULTANT 847-289-2448

Check if City Department Work ☐ Department Name: _____

CDOT Permit No.: _____

Today's Date: 9-24-12 Expected Start Date: 9-26-12 CDPH Approval / Date _____

Please return this completed form to the Chicago Department of Transportation, Division of Infrastructure Management, Public Way Permit Office, City Hall - Room 905, 121 N. LaSalle St., Chicago, Illinois 60602 during normal business hours (8:30 AM - 4:30 PM, Monday through Friday)

For CDPH Use Only